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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? COMMUNITY ORGANIZATION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 LOCAL, REGIONAL AND INTERNATIONAL ROTARY SPONSORED PROGRAMS AND PROJECTS, INCLUDING HURRICANE AND DISASTER RELIEF, AND ROTARY FOUNDATION (Grants \$ 44,038) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 MEETINGS TO DISCUSS VARIOUS COMMUNITY ISSUES, AND LOCAL, NATIONAL AND INTERNATIONAL SUPPORT TO CARRY OUT THE PURPOSE OF ROTARY INTERNATIONAL (Grants \$ 47,086) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	91,124

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

b

Did the organization file **Form 1120-POL** for this year?

37b

No

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

0

b

Gross receipts, included on line 9, for public use of club facilities

39b

0

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d

Enter amount of tax on line 40c reimbursed by the organization

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed

42a

The books are in care of BRENDA FAUCHEUX Telephone no (951) 857-3655

C/O ORGANIZATION

Located at PO BOX HOUMA, LA ZIP + 4 70360

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

Yes

No

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-03-03 Date	
Paid Preparer's Use Only	YOLANDA TRAHAN, President Elect Type or print name and title			
	Preparer's signature	Thomas J Lanaux, CPA	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Lanaux & Felger, CPAs APC PO Box 3695 Houma, LA 703613695			Phone no (985) 851-0883
May the IRS discuss this return with the preparer shown above? See instructions.				

Additional Data

Software ID:
Software Version:
EIN: 72-6035313
Name: ROTARY CLUB OF HOUMA INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SYBIL WEBB IN CARE OF ORGANIZATION PO BOX HOUMA,LA 70361	Treasurer 2 00	0		
MARK LEE IN CARE OF ORGANIZATION PO BOX HOUMA,LA 70361	Secretary 2 00	0		
LJ FOLSE IN CARE OF ORGANIZATION PO BOX HOUMA,LA 70361	Vice President 2 00	0		
YOLANDA TRAHAN IN CARE OF ORGANIZATION PO BOX HOUMA,LA 70361	President Elect 2 00	0		
J THOMAS HASSELL IN CARE OF ORGANIZATION PO BOX HOUMA,LA 70361	President 2 00	0		

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** ROTARY CLUB OF HOUMA INC**EIN:** 72-6035313**Software ID:** 08000091**Software Version:** 2008v2.7

Item No.	1
Class of Activity	
Donee's Name	LOCAL & DISTRICT PROJECTS AND PROGRAMS
Donee's Address	VARIOUS HOUMA, LA 70360
Amount (FMV)	10,698
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	ROTARY FOUNDATION
Donee's Name	DIST 6200 ROTARY FOUNDATION
Donee's Address	2266 S COLLEGE ROAD EXT LAFAYETTE, LA 70508
Amount (FMV)	20,615
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	AID TO NEEDY
Donee's Name	UNITED WAY
Donee's Address	VARIOUS HOUMA, LA 70360
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: ROTARY CLUB OF HOUMA INC

EIN: 72-6035313

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE	1,849	

TY 2008 Other Expenses Schedule**Name:** ROTARY CLUB OF HOUMA INC**EIN:** 72-6035313**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
Office Expenses	2,845
Conferences, Conventions, and Meetings	47,086

TY 2008 Other Liabilities Schedule

Name: ROTARY CLUB OF HOUMA INC

EIN: 72-6035313

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
PAUL HARRIS FOUNDATION CLEARING	1,650	1,525